



STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
BOARD OF EMPLOYEE ASSISTANCE PROFESSIONALS
404 JAMES ROBERTSON PARKWAY, SUITE 1606
NASHVILLE, TENNESSEE 37243-0657
(615) 741-2859

APPLICANT MUST SUBMIT THE FOLLOWING:

- 1) APPLICATION FOR EMPLOYEE ASSISTANCE PROFESSIONAL LICENSURE
- 2) COPY OF HIGH SCHOOL DIPLOMA OR GENERAL EDUCATION DEVELOPMENT (G.E.D.)
- 3) PROOF OF CURRENT LIABILITY INSURANCE- \$1,000,000/ OCCURRENCE, \$3,000,000/ AGGREGATE
- 4) EMPLOYMENT RESUME
- 5) COPY OF NATIONAL CERTIFICATION, IF APPLICABLE
- 6) COPY OF LICENSES OR CERTIFICATIONS FROM OTHER STATES, IF APPLICABLE
- 7) AFFIDAVIT OF APPLICANT
- 8) **APPLICATION FEE OF \$50.00. THIS FEE IS NONREFUNDABLE.**
PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

Tennessee Department of Labor and Workforce Development

Mail to: STATE OF TENNESSEE
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APPLICATION FOR EMPLOYEE ASSISTANCE PROFESSIONAL LICENSURE

Applicant: _____
Last Name First Name MI

Social Security Number: _____

Business Address: _____
Company Name

Street (Not a Post Office Box)

City State Zip

Business Phone: (____) _____

Home Address: _____
Street (Not a Post Office Box)

City State Zip

Home Phone: (____) _____

EDUCATION

High School Degree or General Education Development (GED)

NAME OF SCHOOL(S) CITY, STATE ZIP CODE DATES ATTENDED GRADUATE/DATE
IF NOT, WHEN DID YOU EARN YOUR HIGH SCHOOL EQUIVALENCY DIPLOMA OR G.E.D.?

EMPLOYMENT HISTORY

<u>EMPLOYER</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE ZIP CODE</u>	<u>TITLE</u>	<u>DATES</u>
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Please list current state licenses and/or certifications, and the name and address of the issuing state agency, or national certifying organization.

REFERENCES

<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE ZIP CODE</u>	<u>HOW LONG KNOWN</u>
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		YES	NO
1.	Are you currently engaged in the illegal use of controlled substances?	_____	_____
2.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?	_____	_____
3.	If you have ever applied for or held a license or certificate to practice employee assistance in any state, country, or province, was it or has it ever been denied, suspended, restricted, revoked, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
4.	Have you ever had a license or certificate to practice in a health care or other profession revoked, suspended, or restricted?	_____	_____
5.	Have you been otherwise disciplined or asked to voluntarily surrender a license/certification under threat of restriction or disciplinary action?	_____	_____
6.	Have you been convicted of a felony or a misdemeanor other than a minor traffic violation within the past 5 years?	_____	_____
7.	Have you ever been rejected or censured by a professional association?	_____	_____
8.	In relation to the performance of your professional services in any profession:	_____	_____
a.	Have you ever had a final judgment rendered <u>against</u> you; or	_____	_____
b.	Have you ever had a settlement of any legal action rendered <u>against</u> you; or	_____	_____
c.	Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____

I certify that the information given is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT _____ **DATE** _____

**AFFIDAVIT OF APPLICANT
APPLICANT'S CONSENT AND RELEASE**

In applying for licensure or internship in the State of Tennessee, **I, HEREBY:**

AUTHORIZE THE BOARD OF EMPLOYEE ASSISTANCE PROFESSIONALS, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competency, character, ethical qualifications, ability to work cooperatively with others, and other qualifications;

CONSENT TO THE RELEASE of such information;

RELEASE FROM LIABILITY the board, its staff and all their representatives for their acts performed and statements made in good faith and without malice in connection with evaluation of my application, credentials, and qualifications.

AGREE TO conduct myself in accordance with the Board of Employee Assistance Professionals code of conduct.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN MY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

DATE

In the state of _____, and the county of _____, being duly sworn and identified as the person referred to in this application for a license to practice as an employee assistance professional or employee assistance professional internship in the State of Tennessee, he/she attests to the truth of each statement made in this application. He/she further swears, he/she has read and understands the law and the rules and regulations which were enclosed in the application packet, and agrees to abide by them while in practice or during the internship in the State of Tennessee, and acknowledges said instrument is by his/her free act and deed.

Signature of Notary

NOTARY SEAL:

Sworn to before me this ____ day of _____, 20__.

My Commission Expires _____.